



#16
Dmt
7-28, 2001

PATENT
Attorney Docket No.: CHEM1110

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Jay Leng
Application No.: 09/619,047
Filed: July 19, 2000
Title: PROTEASE SPECIFIC CLEAVABLE LUCIFERASES AND
METHODS OF USE THEREOF

Art Unit: 1652
Examiner: Y. Pak

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Commissioner for Patents
Washington, D.C. 20231

TECH CENTER 1600/2900

RESPONSE TO RESTRICTION REQUIREMENT

Sir:

In response to the Requirement for Restriction mailed June 1, 2001, Applicant elects, with traverse, Group I, consisting of claims 1-8 (drawn to luciferase, classified in class 435, subclass 189), and including generic claims 1, 3, 7. Applicant elects species for SEQ ID NO:2.

Respectfully submitted,


Lisa A. Haile, J.D., Ph.D.
Registration No.: 38,347
Telephone: (858) 677-1456
Facsimile: (858) 677-1465

USPTO Customer Number 28213

GRAY CARY WARE & FREIDENRICH LLP
4365 Executive Drive, Suite 1600
San Diego, California 92121-2189

CERTIFICATION UNDER 37 CFR §1.8	
I hereby certify that the documents referred to as enclosed herein are being deposited with the United States Postal Service as first class mail on this date, <u>June 28, 2001</u> , in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231.	
<u>Cecilia Tobin</u> (Name of Person Mailing Paper)	
<u>Cecilia Tobin</u> (Signature)	<u>June 28, 2001</u> (Date)



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TRANSMITTAL SHEET

Sir:

Transmitted herewith for the above-identified application please find:

1. Response to Restriction Requirement mailed June 1, 2001; and
2. Return Receipt Postcard.

CERTIFICATION UNDER 37 CFR §1.8	
I hereby certify that the documents referred to as enclosed herein are being deposited with the United States Postal Service as first class mail on this date, June 28, 2001 , in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231.	
Cecilia Tobin (Name of Person Mailing Paper)	
<i>Cecilia Tobin</i> June 28, 2001 (Signature) (Date)	

In re Application of:
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Page 2



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The Fee for this Response is calculated as follows:

For	Claims Remaining After Amendment	Highest Number Previously Paid For	Extra Claims	Large Entity Rate	Small Entity Rate	Calculations
Total Claims	8	65	0	x \$18	x \$09	\$.00
Independent Claims	1	9	0	x \$80	x \$40	\$.00
Multiple Dependent Claims				\$260	\$135	\$.00
Basic Filing Fee				\$710	\$355	\$.00
					TOTAL FEE	\$.00

No fee is deemed necessary in connection with the filing of this paper. However, if a fee is required, the Commissioner is hereby authorized to charge any other fees associated with the filing submitted herewith, or credit any overpayments to Deposit Account No. 50-1355. A duplicate copy of this Transmittal is enclosed.

Respectfully submitted,

A handwritten signature in cursive script.

Lisa A. Haile, J.D., Ph.D.
Registration No.: 38,347
Telephone: (858) 677-1456
Facsimile: (858) 677-1465

Date: June 28, 2001

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